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Michael Boyd



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In the application of:

Su-Chen CHANG et al.

Serial No.: 09/853,524

Filing Date: 10 May 2001

For: ADENOSINE AS ANTITHROMBOTIC

Examiner: G. Gabel

Group Art Unit: 1641

AMENDMENT UNDER 37 C.F.R. § 1.116

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This is in response to an Office Action herein, mailed 10 September 2003, time for response to which was set to expire 10 December 2003. The considered claims, claims 21-33 were rejected. Careful consideration has been given to the grounds for rejection, and the following amendment and discussion are offered in response. Reconsideration is respectfully requested.



AF-11600

PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/853,524	
	Filing Date	May 10, 2001	
	First Named Inventor	Su-Chen CHANG	
	Art Unit	1641	
	Examiner Name	G. Gabel	
Total Number of Pages in This Submission	10	Attorney Docket Number	205032000420

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (9 pages) <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return postcard
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	MORRISON & FOERSTER LLP Laurie L. Hill, Ph.D. - 51,804
Signature	
Date	December 10, 2003

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Dated: 12-10-03

Signature: (Michael Boyd)